

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		3				
15		3				
16		1				
17		1				
18		1				
19		1				
20		1				
21						
22						
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31						
32						
33						
34						
35						
36						
37		3				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	26	24				
TOTAL CLAIMS	27	25				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						